

MDCH/PIHP Michigan ABW NON-Pregnant Childless Adults Waiver (Adult Benefits Waiver) Section 1115 Demonstration program Contract

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Financial Status Report – Adult Benefit Wavier (ABW) – Revised 11/30/2014

1.0 General Report Overview

The Financial Status Report (FSR) –ABW is a report of all activity for the Prepaid Inpatient Health Plan (PIHP) for the ABW program. The FSR - ABW summarizes the revenues and expenditures of the PIHP for the ABW program.

The ABW provides mental health and substance abuse benefits for Michigan's childless adult residents (age 18 through 64) with an annual income at or below 35 percent of the Federal Poverty Level. ABW mental health and substance abuse services are limited both in scope and amount to those that are medically necessary and conform to professionally accepted standards of care consistent with the MHC. Please refer to the Medicaid Provider Manual for further details on mental health and substance abuse services and benefit restrictions. The PIHP receives ABW funding via a capitation payment based on per enrolled adult per month methodology.

A comparison will be made between revenue and expense to determine whether there is an overall surplus or deficit in funding. When a surplus in funding exists the unspent ABW funds become local funds in the following FY as defined in the April 30, 2010 Adult Benefits Waiver implementation guidance. When an overall deficit exists, the PIHP must report what funding will be used to cover the costs above the capitation received.

NOTE: The ABW Program ended March 31, 2014. As such, if necessary for continued operations, MDCH will allow any surplus ABW to convert to Local during the current fiscal year.

The FSR –Adult Benefit Waiver will be utilized by the Michigan Department of Community Health (MDCH) as a tool to monitor the fiscal operations of the PIHP. In addition, this report will provide the basis for the annual contract reconciliation of the MDCH/PIHP Michigan ABW NON-Pregnant Childless Adults Waiver (Adult Benefits Waiver) Section 1115 Demonstration program Contract (ABW Contract).

The PIHP/CMHSP shall comply with Generally Accepted Accounting Principles, along with any other federal and state regulations as defined in the PIHP Contract. All revenue and expenditures are required to be reported on an accrual basis of accounting. As such, the revenue and expenditure amounts reported must include all earned reimbursements and/or obligations regardless of whether they have been billed or collected. Additionally, any adjustments for uncollectible amounts or write-offs should be included. The FSR – Adult Benefit Wavier (ABW) – Mental Health and Substance Abuse must reconcile to the PIHP's general ledger.



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The PIHPs with affiliate CMHSPs and/or contracts with CAs for the provision of the Adult Benefit Waiver benefit will report summary level revenue and expenditure information in separate columns for each contract. The amounts reported by the PIHP should reconcile to the FSR – All Non-Medicaid – Section IA – PIHP to Affiliate ABW Services Contracts for each affiliate CMHSP. The MDCH may request, for select PIHPs, the reporting of prime sub-contractors in the separate columns.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment P.7.8.1.2 of the Contract for identification of report due dates. The reporting grid can be found on the MDCH website: http://www.michigan.gov/mdch/0,4612,7-132-2941_38765---,00.html

3.0 Report Submission

3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDCH-MHSA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission. Example: For the FY 13 Year End Interim Report submitted from network180 for the Adult Benefit Waiver (ABW), the file name should read **FY13 Year End Interim network180 FSRBUNDLE 11-10-2013.**

Refer to the Electronic Report Submission Guidelines for report submission specifications.

Note: The FSR-ABW is included in the FSR Bundle. It is not a stand-alone form.

4.0 Report Specific Navigation or Terminology

Within this document the terms used in these instructions shall be construed and interpreted as defined below:

Medicaid Contract: The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract with selected PIHPs to manage the Concurrent 1915(b)/(c) and the Healthy Michigan Plan Programs in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports.



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GF Contract: MDCH/CMHSP Managed Mental Health Supports and Services Contract

ABW Contract: Michigan ABW NON-Pregnant Childless Adults Waiver (Adult Benefits Waiver) Section 1115 Demonstration program Contract

PIHP: A CMHSP or Regional Authority that holds the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract and the Michigan ABW Non-Pregnant Childless Adults Waiver Contract with MDCH and acts as the Prepaid Inpatient Health Plan.

CMHSP: Community Mental Health Services Program that holds the GF Contract with MDCH

Regional Authority: An entity, jointly governed by the sponsoring CMHSPs, that has met the MDCH requirements for selection to be certified to the Center for Medicare and Medicaid Services as a PIHP.

FFP: Federal Financial Participation; which is sometimes referred to as FMAP or Federal Medical Assistance Percentage. Both refer to the rate at which the Federal Government will match State dollars. For instance, a 75% FFP would indicate that for every \$100 spent, the Federal Government would fund \$75 and the State would need to provide \$25 in match.

ARRA: American Recovery and Reinvestment Act of 2009, enacted February 17, 2009. The ARRA provides for federally financed economic stimulus funding.

HICA: Health Insurance Claims Assessment Act. Public Act 142 of 2011 created the Health Insurance Claims Assessment Act. The legislation mandates that effective January 1, 2012, certain third party administrators, carriers and self-insured entities are required to pay an assessment on certain paid health care claims.

The Financial Status Report – Adult Benefit Wavier (ABW) – Mental Health and Substance Abuse includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are shaded peach or light turquoise. The cells shaded in light turquoise represent sub-totals or totals.



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Select cells have conditional formatting applied so that if an erroneous entry is made the cell will turn orange.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

The term "Submission Type" on the worksheet refers to the reporting period, i.e., Projection, Year-End Interim, Year-End Final.

The following numbering / sequencing have been utilized in the FSR: Adult Benefit Wavier (ABW)

100	Title row for revenue
101-189	Detail rows for reporting revenue. May include sub-totals.
190	Total row for revenue
200	Title row for expenditures
201-289	Detail rows for reporting expenditures. May include sub-totals.
290	Total row for expenditures
295	Sub-total row identifying net surplus (deficit) prior to any redirection
300	Title row for redirection of funds (TO) and FROM
301-389	Detail rows for reporting redirection. May include sub-totals.
390	Total row for redirection of funds (TO) and FROM
400	Total row identifying the remaining balance. The balance is calculated by taking into consideration available revenue less expenditures and adjusting for any redirections (TO) or FROM. As the row title indicates, the amount in this cell cannot be less than zero. Any deficit in ABW funding must be resolved. Any amounts greater than zero reflected in this cell will represent the unspent balance of ABW which will be converted to local funding as defined in the April 30, 2010 Adult Benefits Waiver implementation guidance.

Column A: Column A is to be used by the reporting PIHP for the revenues, expenditures incurred by the PIHP. Additionally, the PIHP will use Column A to report all redirection of funds.

Column B through H – Page 1: Columns B through H will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs and/or CAs for the provision of the Medicaid ABW benefit. The amounts reported by the PIHP should reconcile to the revenues, expenditures, redirection of funds, sub-totals and totals of the affiliate CMHSPs or CAs.

Column I: Column I is formula driven and represents the total of revenues, expenditures and redirections entered in Columns A through H – Page 1 and Columns J through R – Page 2.



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Column J through R – Page 2: With the formation of Regional Authorities the number of affiliate CMSHPs and/or contracts with CAs has increased. To facilitate reporting, a second page has been added to the FSR – ABW. Columns J through R, found on the second page of the FSR – ABW, will be used by the PIHP to report summary level information of their contracts with affiliate CMHSPs and CAs for the provision of the ABW benefit. The amounts reported by the PIHP should reconcile to the revenues, expenditures, redirection of funds, sub-totals and totals of the affiliate CMHSPs or CAs.

Row Layout: For the most part, all rows contain an alpha reference, a numeric reference, a description and then the amount associated to the listed elements. The alpha reference refers to the ABW Contract. The number reference refers to the character of the line (revenue, expenditures, etc). The description could be a label (revenue, expenditure, etc) or a more detailed description of the item. The redirection rows include at the end of the description a reference to the partner row.

For example – AC 304 (FROM) Local Funds M301.3 the "M" refers to Local Fund, the 301.3 indicates that this row represents a redirection to another row the "AC 304" indicates that the partner row (FROM row) is in Section AC row 304.

REDIRECTS – (TO) FROM – Each PIHP/CMHSP is expected to maintain a balanced budget. However, it is acknowledged that funding and expenditures, by category may not always be equal. The "Redirected Funds (To) From" sections will be the mechanism in which the PIHP/CMHSP will identify how any funding surplus or deficit was resolved by category. The "redirects" will identify how surplus funds are used by other programs or how deficits were covered by other funding sources. In either case, the funding source must be a legitimate source of funding for the program the funding is being redirected to cover.

Every "TO" redirection will have an off-setting "FROM" transaction. The converse is also true, for every "FROM" redirection there will be a "TO" transaction. The "TO" and "From" amounts will be equal; thus all redirections will sum to zero. Following is an example:

AC 302 FROM General Fund – Redirected to Unfunded MH ABW costs – B 301.3 \$10

This line is within the General fund section and indicates that \$10 is being received "FROM" the GF section to fund ABW expenditures that exceed ABW funding.

Redirection amounts are entered in the FROM redirects and automatically linked to the TO redirects as the opposite or converse amount.



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5.0 Instructions for Completion of the Report

The PIHP name, Fiscal Year, Submission Type and Submission Date have been brought forward from the FSR – Medicaid.

ROW INSTRUCTIONS

Row 1 - PIHP or CMHSP or CA

Enter in Column A the name of the Reporting Authority / Reporting Board. Enter in columns B through H – Page 1 and columns J through R – Page 2 the names of the affiliate CMHSPs or CAs. The MDCH may request, for select PIHPs, the reporting of prime sub-contractors in columns B through H- Page 1 and columns J through R – Page 2.

Row AC - Adult Benefit Wavier Services - PIHP Use Only

This row is a title row for informational purposes only. The rows immediately following will represent the revenues, expenditures and redirection of funding related to the Adult Benefit Wavier.

Row AC 100 - Revenue

This is a title row for informational purposes only. The form will not allow any numbers in this row.

Row AC 101 – Revenue Mental Health

This row is also a title row for informational purposes only. The rows immediately following will represent the funding related to the Adult Benefit Wavier for Mental Health services.

Row AC 102 - Revenue ABW - Mental Health (MH)

The PIHP receives ABW funding for the provision of mental health services via a capitation payment based on per enrolled adult per month methodology. Enter the amount of capitation received for the ABW for the provision of mental health services.

Row AC 103 - Revenue ABW - Affiliate Contracts - MH - COLUMN A

This cell is formula driven and will offset the revenue distributed to each of the affiliates recognized in columns B through H - Page 1 and columns J through R - Page 2. The formula is less the amounts reported in columns B through H - Page 1 and columns J through R - Page 2.

Row AC 103 – Revenue ABW – Affiliate Contracts – MH – COLUMNS B THROUGH H – PAGE 1 AND COLUMNS J THROUGH R – PAGE 2

Enter the amount of ABW funding distributed to each of the affiliate CMHSPs of the PIHP.



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Row AC 120 - Subtotal Revenue - MH

These cells represent the total of ABW capitated payments and/or distribution of revenue to the affiliate CMHSPs for the provision of mental health services. The cells are formula driven. The formula is the sum of ABW - Mental Health (AC 102) and ABW - Affiliate Contracts (AC 103).

Row AC 130 - Revenue - Substance Abuse

This row is also a title row for informational purposes only. The rows immediately following will represent the funding related to the Adult Benefit Wavier for substance abuse services.

Row AC 131 – Revenue - ABW Substance Abuse (SA)

The PIHP receives ABW funding for the provision of substance abuse services via a capitation payment based on per enrolled adult per month methodology. Enter the amount of capitation received for the ABW for the provision of substance abuse services.

Row AC 132 - Revenue - ABW Affiliate Contracts - SA - Column A

This cell is formula driven and will offset the revenue distributed to each of the affiliates recognized in columns B through H - Page 1 and columns J through R - Page 2. The formula is less the amounts reported in columns B through H - Page 1 and columns J through R - Page 2.

Row AC 132 – Revenue ABW – Affiliate Contracts - SA – Columns B through H – Page 1 and Columns J through R – Page 2

Enter the amount of funding distributed to each of the CAs of the PIHP.

Row AC 140 - Subtotal Revenue - SA

These cells represent the total of ABW capitated payments and/or distribution of revenue to the affiliate CAs for the provision of substance abuse services. The cells are formula driven. The formula is the sum of ABW – SA (AC 131) and ABW Affiliate Contracts – SA (AC 132).

Row AC-190 – Total Revenue

These cells represent the total ABW services revenue available to fund current year expenditures. These cells are formula driven. The formula is the *sum of Sub-total – Revenue Mental Health (AC 120)) and Subtotal – Revenue Substance Abuse (AC 140).*

Row AC 200 - Expenditure

This row is a title row for informational purposes only. The rows immediately following will represent the expenditures for services provided and authorized in the ABW Contract.

Row AC 201 – Expenditure – Mental Health

This row is a title row for informational purposes only. The rows immediately following will represent the expenditures for mental health services provided and authorized in the ABW Contract.



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Row AC 202 - PIHP HICA Tax - MH

Enter the amount of expenditures associated to ABW – PIHP HICA Tax.

Row AC 203 - ABW Services - MH

Enter the amount of expenditures related to providing mental health services, as defined in the Medicaid Provider Manual, to the ABW population.

Row AC 204 - Surplus ABW - MH Retained at Affiliate

Per the April 30, 2010 communication issued by Michael J. Head, the MDCH/PIHP contract for the ABW program is a full risk contract and the PIHP has flexibility in terms of how risk is covered. Under this full risk arrangement any remaining funds convert in the subsequent year to local revenue. The communication also states that "where" the local is held is a local matter. If the arrangement between the PIHP and the CMHSP allows the surplus ABW to be retained at the affiliate CMHSP, enter the amount of surplus retained at each affiliate.

Note: It is required that ABW revenues be used as first source of funding for services provided to ABW beneficiaries, then any ABW surplus resulting from remaining unobligated ABW revenues paid to the CMHSPs. As such, in an affiliation arrangement, one affiliate cannot have ABW surplus converting to local if another affiliate has a funding shortfall. Additionally, the Mental Health General Fund and ABW appropriations allocated to the PIHPs/ CMHSPs are reserved for individuals with mental health or developmental disability needs. Therefore, the CMH General Fund and the ABW-MH revenues may not be used to cover substance abuse service needs for the ABW beneficiaries. Likewise, substance abuse revenues may not be utilized to cover mental health and developmental disability service needs for ABW beneficiaries.

Row AC 220 – Subtotal Expenditure – Mental Health

This row represents the total of ABW expenditures for mental health services to ABW beneficiaries. The cells in this row are formula driven. The formula is *the sum of rows PIHP HICA Tax – MH (AC 202), ABW Services – MH (AC 203), and Surplus ABW – MH Retained at Affiliate (AC 204).*

Row AC 230 – Expenditure – Substance Abuse

This row is a title row for informational purposes only. The rows immediately following will represent the expenditures for substance abuse services provided and authorized in the ABW Contract.

Row AC 231 - PIHP HICA Tax - SA

Enter the amount of expenditures associated to ABW – PIHP HICA Tax.

Row AC 232 – ABW Services – SA

Enter the amount of expenditures related to providing substance abuse services, as defined in the Medicaid Provider Manual, to the ABW population.



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Row AC 233 – Surplus ABW – SA Retained at Affiliate

Per the April 30, 2010 communication issued by Michael J. Head, the MDCH/PIHP contract for the ABW program is a full risk contract and the PIHP has flexibility in terms of how risk is covered. Under this full risk arrangement any remaining funds convert in the subsequent year to local revenue. The communication also states that "where" the local is held is a local matter. If the arrangement between the PIHP and the CA allows the surplus ABW to be retained at the CA, enter the amount of surplus retained at each CA.

Note: It is required that ABW revenues be used as first source of funding for services provided to ABW beneficiaries, then any ABW surplus resulting from remaining unobligated ABW revenues paid to the CAs. As such, one CA cannot have ABW surplus converting to local if another CA or the PIHP has a funding shortfall. Additionally, the substance abuse general fund appropriations allocated to the CAs and the ABW SA revenues are reserved for treatment of substance use disorders. Therefore, the substance abuse revenues may not be used to cover mental health and developmental disability service needs for the ABW beneficiaries. Likewise, mental health revenues may not be utilized to cover the treatment of substance abuse service needs for ABW beneficiaries.

Row AC 240 – Subtotal Expenditure – Substance Abuse

This row represents the total of ABW expenditures for substance abuse services to ABW beneficiaries. The cells in this row are formula driven. The formula is *the sum of rows PIHP HICA Tax* – *SA (AC 231), ABW Services* – *SA (AC 232) and Surplus ABW* – *SA Retained at Affiliate (AC 233).*

Row AC 290 - Total Expenditure

This row represents the total ABW expenditures prior to any redirects. The cells in this row are formula driven. The formula is the *sum of Subtotal of Expenditures Mental Health (AC 220) and Subtotal of Expenditures Substance Abuse (AC 240).*

Row AC 291 - Subtotal Net ABW Services Surplus (Deficit) - MH

These cells represent the ABW surplus or deficit (for mental health services) before any redirection of funds. The cells in this row are formula driven. The formula is *Subtotal Revenue MH (AC 120) less Subtotal Expenditure MH (AC 220).*

Note: Any deficit reported here must be funded by redirected funding even if the ABW services SA has a surplus. See Mike Head policy letter dated 4-30-2010.

Row AC 292 - Subtotal Net ABW Services Surplus (Deficit) - SA

These cells represent the ABW surplus or deficit (for substance abuse services) before any redirection of funds. The cells in this row are formula driven. The formula is *Subtotal Revenue SA (AC 140) less Subtotal Expenditure SA (AC 240).*

Note: Any deficit reported here must be funded by redirected funding even if the ABW services MH has a surplus. See Mike Head policy letter dated 4-30-2010.



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Row AC 295 - Subtotal Net ABW Services Surplus (Deficit)

This cell represents the net ABW surplus or deficit prior to any redirection of funds. The cell is formula driven. The formula is *Total Revenue (AC 190) less Total Expenditure (AC 290)*.

Row AC-300 Redirected Funds (To) From

This row is the label Redirected Funds (To) From. Although this row indicates both "TO" and "FROM" for consistency within the FSR Bundle, the ABW section does not allow for any redirection to any other program. The rows immediately following the label "Redirected Funds (To) From" will identify how the PIHP addressed any deficit in ABW funding.

Row AC 301 – Information Only - Affiliate Total Redirected Funds – IA 390

This data is being collected for informational purposes only and will assist in identifying the overall funding associated to the cost of providing services to ABW consumers for ABW covered benefits. Enter the amount of redirected funding used by the affiliate to fund all or a portion of the affiliate deficit in ABW.

Row AC 301.3 – (TO) Local Funds – M 313.3

In recognition that the ABW program ended March 31, 2014, this row has been added to allow surplus ABW funding to covert to Local during the current fiscal year. The cell is formula driven. The formula is *less FSR – All Non-Medicaid – Section M – Local – FROM Adults Benefit Waiver (M 313.3)*

Row AC-302 - From General Fund - Redirected to Unfunded MH ABW Costs - B301.3 Enter the amount of GF being utilized to fund all or a portion of the deficit in ABW MH.

Row AC-303 - From Substance Abuse MDCH Contract - L300.3

Enter the amount of SA funding being utilized to fund all or a portion of the deficit in ABW SA.

Row AC 304 – From Local Funds – M301.3

Enter the amount of local funds being utilized to fund all or a portion of the deficit in ABW

Row AC-390 - Total Redirected Funds This cell represents the total of redirected funds associated to the ABW program. These cells are formula driven. The formula is the *sum* of Affiliate Total redirected Funds (AC 301), (TO) Local Funds (AC 301.3), FROM General Fund (AC 302), FROM Substance Abuse MDCH Contract (AC 303), and FROM Local Funds (AC 304).



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Row AC-400 – Balance ABW Services

These cells represent the net ABW surplus or deficit after redirection of funds. There should never be a deficit, as any deficit in ABW funding must be resolved. Any amounts greater than zero reflected in this cell will represent the unspent balance of ABW which will be converted to local funding as defined in the April 30, 2010 Adult Benefits Waiver implementation guidance. This cell is formula driven. The formula is Subtotal *Net Adult Benefit Waiver Surplus (Deficit) (AC 295) plus Total Redirected Funds (AC 390).*

NOTE: The ABW Program ended March 31, 2014. As such, if necessary for continued operations, MDCH will allow any surplus ABW to convert to Local during the current fiscal year.

REMARKS SECTION

Please enter remarks in this section in regards to any entry or activity on the report for which additional information may be useful.

Also, please provide a brief narrative describing the risk management arrangement between the PIHP and affiliates. For example, if your PIHP passes on some risk to the affiliates or if the PIHP was at full risk, it should be explained in this section. If this space is insufficient, please utilize the "Additional Narrative" tab within the FSR Bundle.